

men in the urine, the quantity increasing with the intensity of the disease, and gradually decreasing as recovery advances. At the height of the disease the quantity of albumen sometimes reached one-tenth of the volume of the urine. In none of the cases was there any complication of other disease, the bodily temperature did not rise excessively, nor was the pulse abnormally frequent, nor were there found any casts indicating kidney disease.

He thinks that the albuminuria indicated plainly a disturbance of innervation, and disregards the nature of the disturbance, while in some of the cases there were symptoms of cerebral irritation; in others the signs were those of collapse.

The treatment used by the author consists in isolation, good nourishment, small doses of whisky, after the asthenic condition was developed. In about thirty per cent. of the cases, chloral hydrate was employed, generally toward the close of the attack. Still, he has found many cases to recover without any medical treatment whatever.

THE NEPHRITIC CRISES IN LOCOMOTOR ATAXIA.—Dr. Maurice Raynaud, at the meeting of the Acad. de Médecine, Paris, Aug. 1, presented a communication on the subject of the attacks of nephritic colic in progressive locomotor ataxia, which, as reported in *L'Union Médicale*, was, in substance, as follows:

The end of this memoir, said the author, is to render obvious that it can be shown that, in the course of locomotor ataxia, painful attacks, that in their location and physiognomy present the strongest analogy with colic caused by nephritic calculus, may become the objects of a very difficult diagnosis.

The author, having given, in detail, the history of a case which formed the text of the paper, summed up as follows:

The essential features of this lengthy observation, the capital and most important symptoms, are the paroxysmal attacks of pain, becoming extremely intense, and which, in view of their general cause, may be divided into three periods; a first during which they are separated by intervals of nearly perfect health; a second, in which they become, after a fashion, sub-intrant, and as they increase in frequency they lose in intensity; the general depreciation of the organism is already evident; and a third and last, in which the crises gradually give place to a profound and continued series of painful symptoms, which clearly approach some of those of pulmonary phthisis.

The characters of the pain, its location, the objective phenomena of the attack, especially the retraction of the testicle of the affected side, and the notable diminution of the quantity of urine during the attack, reaching almost complete anuria in some cases, and often accompanied with vesical tenesmus, have all a great resemblance to nephritic colic from calculi.

Therefore the author gives with care the differential characters of the ataxic seizure and true nephritic colic; the long duration of the attack, it lasting sometimes, four, six, and even eight days, without interruption—a thing altogether exceptional in cases of true nephritic colic; the frequency of their return, which may be almost an incessant repetition, un-

known in nephritic colic; and, lastly, and most important, is the fact that in renal lithiasis, besides the anuria, there are always characteristic disorders of the urinary secretion, such as haematuria, the presence of calculi, gravel, etc., and now and then of pus, all of which are absolutely wanting in the nephritic attacks of locomotor ataxia.

Besides, it is well understood that inquiry into the concomitant symptoms should never be neglected.

In M. Raynaud's case the correctness of the diagnosis was confirmed by the anatomical examination, which revealed the well marked typical lesions of progressive locomotor ataxia; *viz.*, sclerosis of the posterior columns.

THE FUNCTIONAL CONDITION OF THE NERVES IN HYSTERICAL HEMI-ANÆSTHESIA.—It is well known that one of the commoner symptoms of hysteria seems to be anaesthesia, or analgesia, due, generally, to complex sensorial disorders. It is known, also, that Duchenne, (of Boulogne,) by showing that the application of electricity on the anaesthetic parts caused pain, claimed to have cured the anaesthesia.

M. Ch. Richet, hospital *interne*, has investigated the special characteristic of electric excitation of the anaesthetized parts, on four hysterical patients in M. Charcot's service. The following is the result of his observations:

If we pass a constant current from arm to arm in such a way as to electrize the cord at the same time, we find very little more pain produced on the healthy, than on the anaesthetic side. We find, moreover, pain at a limited point, either right or left, by using a large plate for the positive electrode, and a point for the other. In this case it is always at the negative pole that the pain is perceived, no matter whether it is applied to the sound side, or the other. The same is the result with the use of interrupted currents, with this difference, however, that the pain is referred to the wrist, either right or left.

If, in order to avoid the objection that the pain is felt in the cord, and referred to the electrized points, we pass the current between two points very near each other, the induced current gives still the same results as the interrupted current. In the two cases, there is exactly the same sensibility on the well as on the diseased side.

To render this more apparent, M. Richet transfixed a fold of the skin with a pin, and a little further on he inserted another under the skin. No pain was felt, but when he passed a current of electricity between the pins, an intense pain was provoked, (always greatest at the negative pole) much more severe than that due on the healthy side, to the passage of the current between flat electrodes. This greater intensity of the pain on the anaesthetic side explains itself by the fact that the electric needle inserted into the skin acts directly on the nerves, while on the other side they are covered by the horny layer of the epidermis.

It would seem, therefore, that the passage of the current woke up the sensibility at the points traversed, but it is not so. If, without withdrawing the needles by means of which the current has been passed, we heat